

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for the full recertification and state licensure survey.</p> <p>This visit was in conjunction with the post certification revisit (PCR) to the investigation of complaint #IN00098364.</p> <p>This visit was in conjunction with the PCR to the PCR to the investigation of complaint #IN0009154.</p> <p>Dates of Survey: January 23, 24, 26, 27 and February 2 and 3, 2012</p> <p>Facility number: 001107 Provider number: 15G593 AIM number: 100245570</p> <p>Surveyors: Christine Colon, Medical Surveyor III/QMRP-Team Leader Tim Shebel, Medical Surveyor III/QMRP, MSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/29/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6 and #7) living at the group home, to exercise general operating direction in a manner to ensure routine maintenance was completed.</p> <p>Findings include:</p> <p>A morning observation was conducted on 1/23/12 from 5:45 A.M. until 8:15 A.M.. Upon entering the living room of clients #1, #2, #3, #4, #5, #6 and #7's home, the living room and hallway carpet was observed to have black stains throughout. At 5:50 A.M., the bathroom located off the kitchen did not have a toilet paper holder. The bathroom located off the hallway leading to the clients' bedrooms did not have a toilet paper holder. At 7:40 A.M., client #5's bedroom was observed to have a 4 inch by 4 inch hole in the wall next to the bedroom window. The dresser in his room had one of four drawers missing. The desk in his room was observed to have a door hanging and a missing drawer front.</p> <p>An interview with the Group Home</p>		W0104	<p>W104: The governing body will exercise general policy, budget, and operating direction over the facility. The facility will ensure damages to the home environment are repaired and or items replaced as necessary. The Home manager will ensure the repair of maintenance issues in the home including replacing toilet paper holders in two bathrooms, repair to the hole in the wall of client #5 bedroom, repair or replace of dresser and desk and carpets of the home are cleaned. In the future, the Home Manager will monitor the home daily making a list of needed repairs and contact a repairman as necessary to ensure the home is in good repair. The Program Director will observe in the home weekly for a month and on a monthly basis thereafter to ensure the home is in good repair. Person responsible: Area Director</p>		03/12/2012	

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	<p>Manager (GHM) was conducted on 1/23/12 at 3:13 P.M.. The GHM indicated the toilet paper holders needed to be replaced. The GHM indicated the carpeting needed to be cleaned and had not been cleaned since November. He also indicated the dresser and desk needed repairs/replacing and the hole in the wall needed to be fixed.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 1/24/12 at 1:30 P.M.. The QMRP indicated the repairs need to be completed. The QMRP further indicated there were no maintenance repair request forms for this group home. No further documentation was available for review to indicate when the repairs would be completed.</p> <p>9-3-1(a)</p>						

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview, the facility failed to maintain an accurate accounting system for 2 of 7 clients living at the group home (clients #5 and #7), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the group home on 1/23/12 at 5:50 A.M.. A review of clients #5 and #7's financial records indicated the following:</p> <p>Client #5's personal financial accounting ledger dated 1/22/12 indicated he should have a balance of \$9.78. Direct Support Professional (DSP) #1 reviewed the currency in client #5's petty cash pouch and counted a balance of \$9.79.</p> <p>Client #7's personal financial accounting ledger dated 1/22/12 indicated she should have a balance of \$.94. Direct Support Professional (DSP) #1 reviewed the currency in client #7's petty cash pouch and counted a balance of \$.83.</p>		W0140	<p>W140: The facility currently has a system in place that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of the clients. The clients' personal funds are kept maintained in the office of the group home and staff is trained on the procedure for finances upon hire. The client petty cash funds have been balanced and money accounted for. The client missing 11 cents has been reimbursed. The Home manager will be retrained to follow the financial policy to ensure all client accounts remain balanced at all times. In the future, the Home Manager will monitor the client funds at least weekly and the Program Director will monitor the finances at least monthly to ensure they are maintained according to policy. Responsible Party: Program Director</p>		03/12/2012	

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	<p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 1/24/12 at 1:30 P.M.. The QMRP indicated each client's ledger entry balance and the currency amount should always match.</p> <p>9-3-2(a)</p>						

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, for 1 of 7 clients residing at the group home (client #7), the facility neglected to implement its abuse/neglect policy by assuring the client was not left in a vehicle unattended.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 1/26/12 at 12:45 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) report dated 1/23/12 indicated the following:</p> <p>Incident report dated 1/23/12: "The Area Director pulled up at the gas station and noticed the individuals was (sic) in the car without staff present." This incident occurred during day program hours.</p> <p>A review of client #7's record was conducted on 1/24/12 at 10:30 A.M.. Review of client #7's Individual Support Plan (ISP) dated 6/10/11 indicated he required 24 hour supervision.</p> <p>A review of the facility's "Abuse, Neglect and Exploitation", no date noted, was</p>			W0149	<p>W149: The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client and the reporting thereof. All new employees are trained on the policy and the procedure clients to protect the clients and report any client injury to the proper authorities within and outside the agency.</p> <p>The facility has retrained the day program remaining staff on the supervision level for clients living in the group home to ensure safety. The staff involved in the reported incident has been terminated.</p> <p>In the future the Program Director will monitor the staff ensure protective measures implemented are in place and remain active. The facility will continue to train all employees to follow company policy to ensure safety for all the individuals.</p> <p>Person responsible: Program Director</p>		03/12/2012

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	<p>conducted on 1/26/12 at 1:00 P.M.. Review of the facility's policy indicated: "We are paid to ensure the individuals we serve are kept safe at all times. The people we serve also have the right to be free of abuse, neglect and exploitation. We serve a group of individuals considered endangered adults...Neglect: Failing to provide good care that is needed for a person's physical and/or mental health to the extent that his or her well being is impaired or threatened. Neglect includes the failure to act responsibly to provide proper food, enough food, clothing, shelter, health care, supervision or protection from physical and social danger."</p> <p>An interview with the facility's Day Program Supervisor (DPS) was conducted on 2/3/12 at 2:00 P.M.. The DPS indicated the staff left the client in the car unattended/unsupervised while she went into the gas station. The DPS further indicated the facility's abuse neglect policy should be followed at all times.</p> <p>9-3-2(a)</p>						

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 1 incident of alleged neglect, involving 1 of 7 clients residing at the group home (client #7), the facility failed to provide evidence a thorough investigation was conducted.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 1/26/12 at 12:45 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) report dated 1/23/12 indicated the following:</p> <p>Incident report dated 1/23/12: "The Area Director pulled up at the gas station and noticed the individuals was (sic) in the car without staff present." This incident occurred during day program hours.</p> <p>A review of client #7's record was conducted on 1/24/12 at 10:30 A.M.. Review of client #7's Individual Support Plan (ISP) dated 6/10/11 indicated he required 24 hour supervision.</p> <p>An interview with the facility's Day Program Supervisor (DPS) was conducted</p>			W0154	<p>W154: The facility currently trains all supervisors upon hire on the policy and format of investigation of client incidents, reporting procedures and follow up to client incidents requiring investigation.</p> <p>The Area Director will retrain the Home Manager and Program Director to adhere to guidelines of immediate investigation and suspension of staff with alleged suspect of allegation of client mistreatment, neglect or abuse. The training will include investigation of such incident is investigated thoroughly and reported within 24 hours as mandated</p> <p>In the future, the Program Director will immediately begin an investigation upon receiving information on suspected alleged client mistreatment, neglect, or abuse. The director will follow the guidelines of completion of the investigation within the designated timeframes outlines in the policy. The Area Director will follow up with Program Director to ensure the investigation is meeting criteria of the company policy.</p> <p>Person responsible: Area Director</p>		03/12/2012

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	<p>on 2/3/12 at 2:00 P.M.. The DPS indicated the staff left the client in the car unattended/unsupervised while she went into the gas station. The DPS further indicated the investigation was still ongoing and she didn't have written documentation to indicate a thorough investigation had been completed.</p> <p>9-3-2(a)</p>						

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W0225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>Based on record review and interview, the facility failed to assess the vocational needs of 4 of 4 sampled clients requiring vocational assessment (clients #1, #2, #3, and #4).</p> <p>Finding include:</p> <p>Client #1's record was reviewed on 1/24/12 at 9:59 A.M.. A review of the client's record failed to indicate client #1's vocational needs and abilities had been assessed.</p> <p>Client #2's record was reviewed on 1/24/12 at 9:02 A.M.. A review of the client's record failed to indicate client #2's vocational needs and abilities had been assessed.</p> <p>Client #3's record was reviewed on 1/24/12 at 10:22 A.M.. A review of the client's record failed to indicate the client's vocational needs and abilities had been assessed.</p> <p>Client #4's record was reviewed on 1/24/12 at 12:40 P.M.. A review of the client's record failed to indicate the</p>			W0225	<p>W225: The facility currently completes assessments on all clients upon admission and annually prior to the client Individual Support Team meeting to determine the needs of the client and to establish programming goals for those needs. Vocational skills assessments have been completed on Client 1, 2, 3, and 4. In the future, the Home Manager will ensure that each client is re-assessed vocationally annually and when client behavior or day program situation warrants the need. The Program Director will monitor the vocational progress by reviewing monthly data from day program to ensure the client is in a situation to meet his potential. Responsible Staff: Area Director</p>		03/12/2012

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	<p>client's vocational needs and abilities had been assessed.</p> <p>Program Director #1 was interviewed on 1/24/12 at 1:09 P.M.. Program Director #1 indicated client #1, #2, #3, and #4's vocational needs and abilities had not been assessed.</p> <p>9-3-4(a)</p>						

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review, observation and interview, the facility failed to have an updated Individual Support Plan (ISP) for 1 of 2 clients observed at the outside day program (client #5), available for all staff who worked at the day program.</p> <p>Findings include:</p> <p>Client #5's record was reviewed on 1/24/12 at 12:15 P.M.. Client #5's record indicated a most current ISP dated 2/1/11.</p> <p>An outside day program observation was conducted on 1/27/12 from 12:00 P.M. until 1:30 P.M.. During the observation period client #5 walked around the room talking to himself. A review of client #5's record was conducted at 12:15 P.M.. A review of client #5's record indicated a most current ISP dated 2/1/10.</p> <p>Interview with the Day Program Supervisor (DPS) was conducted on 1/27/12 at 12:20 P.M.. The DPS indicated the mentioned ISP was the most current available for the day program staff.</p>			W0248	<p>W248: The facility provides a copy of each client's individual plan to all other providers, the client and to the parents or legal guardian.</p> <p>All clients' Individual Program Plans have been provided to the day program to ensure cohesion in client care is maintained.</p> <p>The Program Director has been trained to ensure that the day program receives each client updated program plans in the future.</p> <p>Responsible Party: Program Director</p>		03/12/2012

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	<p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/3/12 at 2:20 P.M.. The QMRP indicated the day program staff should have an updated ISP for client #5.</p> <p>9-3-4(a)</p>						

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W0259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>Based on record review and interview, the facility failed to assure a comprehensive functional assessment was reviewed at least annually for 4 of 4 sampled clients living in the group home (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/24/12 at 9:59 A.M.. The review indicated client #1's last comprehensive functional assessment was completed on 12/27/10.</p> <p>Client #2's record was reviewed on 1/24/12 at 9:02 A.M.. The review indicated client #2's last comprehensive functional assessment was completed on 12/27/10.</p> <p>Client #3's record was reviewed on 1/24/12 at 10:22 A.M.. The review indicated client #3's last comprehensive functional assessment was completed on 12/28/10.</p> <p>Client #4's record was reviewed on</p>			W0259	<p>W 259: The facility currently completes assessments and completes a comprehensive functional assessment on each client annually that is reviewed by the team for relevancy and updated as needed. The CFA for clients 1,2, 3, and 4 have been completed and goals updated by the Program Director. In addition those documents will be reviewed by the team and filed in the client's book in the home. The Program Director has been re-trained to adhere to the client annual review schedule and provide up to date information including the client CFA in the home. In the future, the Area Director will monitor the schedule of annual reviews and ensure the Program Director completes the comprehensive functional assessments in a timely manner within annual timeframe. Responsible Person: Area Director</p>		03/12/2012

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	<p>1/24/12 at 12:40 P.M.. The review indicated client #4's last comprehensive functional assessment was completed on 12/27/10.</p> <p>Program Director #1 was interviewed on 1/24/12 at 1:07 P.M.. Program Director #1 indicated the facility did not have documentation of current comprehensive functional analysis being conducted for clients #1, #2, #3, and #4.</p> <p>9-3-4(a)</p>						

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to have a follow up vision exam as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 1/24/12 at 9:25 A.M.. Client #1's record indicated a most current vision evaluation dated 5/11/09 which indicated: "Follow up in one year." Client #1's record did not contain evidence she had a follow up in one year.</p> <p>The Registered Nurse (RN) was interviewed on 1/24/12 at 11:56 A.M.. The RN indicated client #1 did not return to the physician in one year as recommended.</p> <p>9-3-6(a)</p>		W0323	<p>W 323: The facility currently completes assessments for each client annually to ensure updated cognitive, social and medical information is obtained to provided quality care to the client.</p> <p>The Home Manager has scheduled the vision exam for client #1 to assess the client vision. The Home manager, Program Director and facility nurse have been re-trained to accurately ensure all clients receive the follow up medical care as required.</p> <p>In the future, the facility nurse will monitor the schedule of client appointments and ensure the clients receive medical assessments in a timely manner within annual timeframe.</p> <p>Responsible party: Facility Nurse</p>		03/12/2012	

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, for 1 of 4 sampled clients who wore eyeglasses (client #1), the facility failed to encourage and teach client #1 to wear her eye glasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/23/12 from 5:45 A.M. until 8:15 A.M.. During the entire observation period client #1 did not wear her prescribed eyeglasses. Client #1 was not prompted by staff to wear her eyeglasses.</p> <p>An outside day program observation was conducted on 1/23/12 from 11:00 A.M. until 11:30 A.M.. Client #1 was observed during the entire observation period not wearing eye glasses. Client #1 was not prompted by staff to wear her prescribed eyeglasses.</p> <p>An evening observation was conducted at the group home on 1/23/12 from 3:40</p>		W0436	<p>W436 The facility will furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces and other devices identified by the interdisciplinary team as needed by the client.</p> <p>The home manager will ensure that Client 1's glasses are available or purchased by the facility. The facility will implement a goal for client 1 to be encouraged to wear her glasses as needed. The direct support professionals will be trained to implement the goal for client to wear the eyeglasses.</p> <p>In the future, the Program Director will ensure client devices are available and clients are encouraged to use the devices. The Home Manager will complete a active treatment observation once weekly for 4 weeks to ensure the staff are completing the goal as written and to ensure the clients needs are being met.</p> <p>Person Responsible: Area</p>		03/12/2012	

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	<p>P.M. until 5:40 P.M.. During the entire observation period client #1 did not wear her prescribed eyeglasses. Client #1 was not prompted by staff to wear her prescribed eyeglasses</p> <p>A review of client #1's record was conducted on 1/24/12 at 10:55 A.M.. Review of client #1's most current vision exam dated 5/11/09 indicated: "Glasses rx (prescribed) for new glasses...for all school and near work tasks."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 1/24/12 at 1:40 P.M.. The QMRP indicated client #1 wore eyeglasses. When asked if staff should encourage and teach client #1 to wear her prescribed eyeglasses, the QMRP stated "yes."</p> <p>9-3-7(a)</p>				Director		

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6 and #7) living in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/23/12 from 5:45 A.M. until 8:15 A.M.. At 7:45 A.M., clients #1, #2, #3, #4, #5, #6 and #7 were observed eating breakfast. The meal consisted of grits, scrambled eggs and english muffins. The table was observed to have no butter, jelly or sugar/sugar substitute, salt, pepper, ketchup or milk. Group home staff #1 and #2 did not put out any condiments for the clients to use.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 1/24/12 at 1:30 P.M.. The QMRP indicated condiments should be put on the table for the clients to use at all meals.</p> <p>9-3-8(a)</p>		W0484	<p>W484: The facility provides each group home fully furnished with necessary domestic equipment to meet the needs of the clients. The areas of the group home are equipped with dining implements designed to meet the developmental needs of the clients.</p> <p>The Home Manager will train the staff to provide the clients will all dining utensils and items needed for meal enjoyment including condiments.</p> <p>In the future, the facility staff will offer the clients all mealtime furnishings and utensils. The Home Manager will complete weekly observations to ensure the staff provide all items necessary to eat their meal while providing choices.</p> <p>Responsible Staff: Area Director</p>		03/12/2012	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 4 of 4 sampled clients living in the group home (clients #1, #2, #3, and #4) participated in family style dining.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/23/12 from 5:45 A.M. until 8:15 A.M.. During the observation Direct Care Staff (DCS) #1 prepared grits, scrambled eggs and english muffins. While DCS #1 prepared the morning meal clients #1, #3 and #4 sat in the living room with no activity. Client #2 stayed in his bedroom. At 7:45 A.M., DCS #1 walked around the table and served each client their breakfast onto their plates and bowls. Clients #1, #2, #3 and #4 did not assist in meal preparation and did not serve themselves.</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the evening observation period on 1/23/12 from 3:40 P.M. until 5:40 P.M.. During the observation, Direct Care Staff #1 prepared oven fried chicken, frozen</p>			W0488	<p>W488: The facility will ensure that each client eats and prepares food in a manner consistent with his or her developmental level. Staff will be retrained on mealtime procedure to teach such skills and provide role modeling to the clients. The training will include family style dining, self dining, client participation in food preparation and mealtime tasks. The Home Manager will ensure that all staff are trained and will monitor mealtime activities at least weekly to ensure that individuals are serving themselves and participating in meal preparation according to their developmental level. Person Responsible: Program Director</p>		03/12/2012

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	<p>vegetables, boiled eggs and placed the items in serving dishes and placed the items on the dining room table for clients #1, #2, #3, and #4. While direct care staff #1 prepared the evening meal, client #1 sat at the computer in the small dining room, client #2 was in his bedroom, client #3 watched television, and client #4 talked with direct care staff #1. Direct care staff #2 was not observed to prompt or assist clients #1, #2, #3, or #4 in assisting with the evening meal.</p> <p>Client #1's records were reviewed on 1/24/12 at 9:59 A.M.. A review of the client's 12/27/10 Comprehensive Functional Assessment indicated the client was developmentally capable of participating in dining and meal tasks.</p> <p>Client #2's records were reviewed on 1/24/12 at 9:02 A.M.. A review of the client's 12/27/10 Comprehensive Functional Assessment indicated the client was developmentally capable of participating in dining and meal tasks.</p> <p>Client #3's records were reviewed on 1/24/12 at 10:22 A.M.. A review of the client's 12/28/10 Comprehensive Functional Assessment indicated the client was developmentally capable of participating in dining and meal tasks.</p>						

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	<p>Client #4's records were reviewed on 1/24/12 at 12:40 P.M.. A review of the client's 12/27/10 Comprehensive Functional Assessment indicated the client was developmentally capable of participating in dining and meal tasks.</p> <p>Regional Director #1 was interviewed on 1/24/12 at 1:09 P.M.. Regional Director #1 indicated clients #1, #2, #3, and #4 were developmentally capable of participating in the family dining process. 9-3-8(a)</p>						

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W9999	<p>State Findings</p> <p>431 IAC 9-3-4 Active Treatment Services (b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preferences for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2 were observed on 1/23/12 from 1:20 P.M. until 3:54 P.M. During the observation client #1 napped in his room and watched television. No alternative day services were observed to be provided.</p>		W9999	<p>W 9999: The facility currently completes assessments incorporated in the comprehensive functional assessment on each client annually that is reviewed by the team for relevancy and updated as needed. The assessments include vocational/day program skills of the client to determine the appropriate day program for the client.</p> <p>Client #2 has been assessed for vocation skills by the facility day program. The client is in the process of a trial period in the day program to determine if the program meets the needs of the client at this time. The Program Director will ensure documentation of the client day program activities is completed and reviewed.</p> <p>In the future, the Area Director will monitor the schedule of day program activities weekly to ensure the Program Director ensures the client is active in a day program that suits the client needs. The Program Director will ensure if a day program is not meeting the needs of the client, a team meeting will be held to determine what would be best for the client needs at the given time. Responsible Person: Area Director</p>		03/12/2012	

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	<p>Client #2's records were reviewed on 1/24/12 at 9:02 A.M.. A review of the client's day services activities for the week of 1/16/12 through 1/20/12 indicated client #2 participated in the following day service activities: "1/16/12, 7am-3pm - played board game. 1/17/12, 7am-3pm - community activity, ate lunch, watched TV. 1/18/12, 7am-3pm - went out into community, ate lunch, watched TV. 1/19/12, 7am-3pm - showered, ate lunch, went to pet store, started laundry, watched TV. 1/20/12, 7am-3pm - went to [name to stores], & watched TV."</p> <p>Regional Director #1 was interviewed on 1/24/12 at 1:09 P.M.. Regional Director #1 indicated the facility is working to acclimate client #2 to the facility's community day services program. Regional Director #1 further stated client #2 was not participating in the facility's day services program "at this time." When asked if client #2's present day services activities met the criteria and certification requirements established by the Division of Aging and Rehabilitative Services for all day service providers, Regional Director stated she wasn't sure, but "it (facility's day programming services) probably didn't." 9-3-4(a)</p>						

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